

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

| | | | | |
|---|---|--|---|---------------------|
| PLAINTIFF | DANA ESCOFFIER | | COURT CASE NUMBER | 13 CV 3918 |
| DEFENDANT | CITY OF NEW YORK, ET AL | | TYPE OF PROCESS | Summons & COMPLAINT |
| SERVE | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN | | | |
| AT | ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) | | | |
| | 250 W. 135th St. NY NY 10030 | | | |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: | | | Number of process to be served with this Form - 285 | |
| DANA ESCOFFIER | | | Number of parties to be served in this case | |
| 523 HUDSON ST. AFS | | | Check for service on U.S.A. | |
| NY NY 10014 | | | | |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☐ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---------------|--------------------|-------------------|--|--------|
| I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) | Total Process | District of Origin | District to Serve | Signature of Authorized USMS Deputy or Clerk | Date |
| | 148 | No. 031 | No. 031 | | 5/7/14 |

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Officer Perkins

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service: 6/19/14
Time: 2:00 pm

Signature of U.S. Marshal or Deputy

30162

| | | | | | | |
|----------------|---|----------------|---------------|------------------|--------------------------------|------------------|
| Service Fee | Total Mileage Charges (including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal or | Amount of Refund |
| 65.00 73.00 | 19.30 | | 84.30 | | | |

REMARKS:

5/8/14 - set up for mail service
6/19/14 pls

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)
(Instructions Rev. 12/08)

13-3918-32